

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **12-10-02**

• 01-348
 Kevin M. Walsh
 Irwin, Campbell & Tannenwald, P.C.
 1730 Rhode Island Avenue, N.W.
 Suite 200
 Washington, DC 20036-

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature **12-16-02**X **Supra** ☐ Agent ☐ AddresseeD. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ YesDOCKET NO. **01-348**7 0 2002 **CERTIFIED****MAIL****RETURN RECEIPT REQUESTED**

NAME: Kevin M. Walsh
 Irwin, Campbell & Tannenwald, P.C.
 1730 Rhode Island Avenue, N.W.
 Suite 200
 Washington, DC 20036-

C. R. R. NO. _____

BY _____

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: _____

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Name (Please Print Clearly) (to be completed by mailer)
KEVIN M. WALSH
 Street, Apt. No., or PO Box No. **Suite 200**
 City, State, ZIP+4 **1730 Rhode Island Avenue, NW Washington, DC 20036**

PS Form 3800, July 1991

See Reverse for Instructions